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Compensating for a shortage of corneal donors after Brexit

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Corneal transplantation is one of the most common and successful transplant procedures worldwide.[1] Although it is predominantly done to improve or preserve sight, the procedure can also be done to preserve the eye or for pain relief to improve a patient's quality of life.

Because fewer eyes are donated than are needed for transplantation, the UK has an estimated shortage of 1500 corneas per year.[1] The number of corneas retrieved and transplanted per population in the UK is less than in the USA and in other European countries, such as Germany and Italy (table). This trend is not only observed for corneas; the consent rate for all types of organ donation in the UK is one of the lowest in Europe.[2] Consequently, corneal tissue needs to be imported to the UK to compensate for this deficit. Corneas imported from countries within the EU can be directly imported to a transplant centre. By contrast, corneas from non-EU countries first need to be imported to an eye bank that is licensed by the Human Tissue Authority before they can be taken to a transplant centre.

No clear explanation has been found for the low donor rates and number of corneal transplants done in the UK as compared with in Italy, Germany, and the USA. An opt-out system of organ donation is due to be introduced in England in April, 2020, which might help to reduce the shortage of donors. However, the effectiveness of an opt-out system that was introduced in Wales in 2015 is not yet clear.

The shortage of eye donors is likely to be exacerbated by Brexit, because leaving the EU could affect the importation of donor tissue from outside the UK. In addition, if a no-deal Brexit becomes a reality, the EU Organ Donation Directives and EU Tissue and Cells Directives would no longer apply in the UK, and the deficit in corneal graft availability could increase further.

	Population (million)	Number of eyes donated per million	Number of corneal transplants per million
Italy			
2016	60·7	133	99
2015	60·8	126	93
2014	60·8	124	87
Germany			
2016	82·5	120	89
2015	82·2	107	83
2014	81·2	93	71
UK			
2016	65·6	87	76
2015	65·1	86	71
2014	64·6	84	74
USA			
2016	325·7	419	255
2015	321·0	402	243
2014	318·6	395	235

Table: **Rates of eye donation and corneal transplantation by country and year**[2-5]

We declare no competing interests.

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UK alcohol policy: the Brexit effect

We were very interested to read Ian Gilmore and Roger Williams' Comment.[1] Between 2017 and 2019, we have been researching alcohol policy (along with other health areas) for a project funded by the Economic and Social Research Council about health law outside the EU, and the immediate, intermediate, and long-term impacts.

We agree about the absence of a coherent UK alcohol policy. A key factor not yet mentioned in this discussion is the potential impact of Brexit. Unlike tobacco control, there is little international or EU regulation of alcohol. Governance on the scale of the WHO's Framework Convention on Tobacco Control (2005), or the EU Tobacco Products Directive (2014), which have both done so much to improve public health worldwide, does not exist in alcohol policy. Brexit

could provide an opportunity for the UK to create a coherent model for alcohol regulation to improve public health, not only in minimum unit pricing, but also in remedying the problematic alcohol labelling and marketing rules described by Gilmore and Williams, for example the stricter labelling rules in place for a container of milk or a can of Coca Cola than for a bottle of alcohol. Crucially, these potential changes depend upon political will and governments taking the decision to prioritise public health over commercial interests. Such an approach was taken by the Scottish Government, which, despite litigation[2] from the Scottish Whisky Association (supported by European wine producers), was the first devolved government to introduce minimum unit pricing to tackle the crippling alcohol-related harms in Scotland. Initial public health results are promising[3] and this approach is now being followed by Wales, although it has been delayed by opposition from Europe.[4] However, as pointed out in the Comment, England has taken the opposite path. Since 2013, the government has cut and then frozen alcohol duty, scrapped the duty escalator, and given a more sympathetic ear to the drinks industry.[5] There is no indication that it would be prepared to introduce further alcohol regulation, particularly at the present time. Without political will for a progressive alcohol policy, Brexit could instead become an opportunity for alcohol producers to halt any further regulatory measures, and with a need to secure trade agreements, the UK government might succumb to this pressure.

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US restrictions jeopardise health of Americans and Cubans

While the Editorial[1] on health rights in the new Cuban constitution was in press, President Trump initiated another move to scuttle the Cuban economy. So, as Cuban citizens voted to expand constitutional rights on Feb 24, 2019, he exerted more pressure on already embargoed Cuba, endangering the potential to fully exercise those rights.[2]

As a 40-year witness to Cuban health professionals' work in their universal public health system, I have studied the repercussions of constant iterations of US measures that threaten the health system and lives of 11·5 million Cuban citizens.[3] The latest hostility targets European and other potential investors in Cuba, an extraterritorial stretch met with strenuous objection by the EU and Canada.[4] US actions, already limiting Cuban family visits, now restrict US citizens' travel rights and bilateral cooperation opened by former US President Obama. These actions also cap family remittances and target tourism, a main source of hard currency for Cuba.[2]

All this apparently is designed to appease voting Cuban-American citizens stuck in the past, despite polls consistently showing most US and Cuban-American citizens favour normalising relations with Cuba.[5] Americans will be hurt, too: infant mortality, vaccination rates, and several other basic indicators are better in Cuba than in the USA, with room for mutual learning.[6] Cuba has also made biotech advances that could be useful to the USA; for example, Heberprot-P is used in dozens of other countries to heal diabetic foot ulcers. Heberprot-P reduces amputation risk by more than 70%.[7] There are about 73 000 diabetes-related amputations in the USA annually and, if hostilities by the US Administration continue, the USA might never see Heberprot-P in the US Food and Drug Administration pipeline.

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